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County of San Bernardino • Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

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San Bernardino, CA 92415-0160

1647 W. Holt Blvd.
Ontario, CA 91761

13911 Park Ave., Suite 200
Victorville, CA 92392

APPLICATION FOR POOL AND SPA PLAN REVIEW

Project Name _____
Project Location _____ Phone () _____
Owner _____ Phone () _____
Address _____
Contractor _____ Phone () _____

DO NOT WRITE BELOW THIS LINE

1. Pool SR No. _____
2. Pool FA No. _____
3. Surface area _____ sq. ft.
4. No. of skimmers _____
5. Occupant capacity _____
6. Pool capacity _____ gal.
7. Minimum gpm _____ required

☐ Pool plan not approved; plans are returned for corrections. Three (3) new corrected and detailed copies of the plans are to be resubmitted for approval by this department. Return one copy of rejected plans.

☐ POOL PLAN APPROVED AS CORRECTED.

☐ POOL PLAN APPROVED AS SUBMITTED.

DO NOT WRITE BELOW THIS LINE

1. Spa SR No. _____
2. Spa FA No. _____
3. Surface area _____ sq. ft.
4. No. of skimmers _____
5. Occupant capacity _____
6. Spa capacity _____ gal.
7. Minimum gpm _____ required

☐ Spa plan not approved; plans are returned for corrections. Three (3) new corrected and detailed copies of the plans are to be resubmitted for approval by this department. Return one copy of rejected plans.

☐ SPA PLAN APPROVED AS CORRECTED.

☐ SPA PLAN APPROVED AS SUBMITTED.

Plans checked by _____
Date _____ Phone () _____

Pool Fee _____

Spa Fee _____

TOTAL FEE _____

Receipt No. _____

Date Received _____

☐ Preliminary Reject

Tech.

Signature _____